The re-silofication of health care

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Let's get this straight — I like silos. They may be dangerous places to fall into, but they make for pleasing sillouettes behind hayfields and beside the barns and buildings of the family farm. Much of rural Canada has depended on the silo for storage and survival. So it is with some pain that I am perpetuating here the negative connotations some economic wag has brought to this, admittedly very vertical, structure. That is in fact its only fault, to be seen to be standing tall, alone, seemingly disconnected (though we know better) from the world.

Metaphorically speaking horizontal structures have found better favour with health care planners. Horizontal structures are connected one with the other, they can share, they can link, they can multitask, they can distribute the work among many hands.

This was well and good until along came "measurement." At first there was no problem, but soon it became evident that horizontal, integrated and distributed structures were actually quite difficult to manage, let alone measure. With the work distributed among many hands it became necessary to bend those hands to the task of reporting on their portion of the task. Some reported better than others, and overall it was an unsatisfactory process, particularly when the mission was to manage. Remember the slogan: "If you measure you must manage"? This has now been turned around to read: "To manage you must measure."

Hence the silo. How much easier to measure by pulling tasks together around common themes in the hands of dedicated teams. Cancer, diabetes, congestive heart failure, obesity . . . all so much more easily managed in the hands of specialized programs, where patients become their disease. How many CHF patients on β-blockers? A cinch — just consult the database. How long does patient X wait for procedure Y? Not a problem, just ask the program manager.

As they say, " It's all good"!

Ah, but is it? I confess that I am not sure. If we strip away some of the lingo of the moment, if we scratch the surface of this measuring craze, will we in fact find better outcomes, or simply better known outcomes? And what might we sacrifice along the way? The generalist, perhaps, with his or her fingers in many pies? The holistic physician of yore who saw patients as more than the sum of their (failing) parts? The full service rural doc who stands at the centre of rural health care?

In the part of the world I know best, this is happening in spades. It is top-down planning of the most blatant kind. It is centrophilic. It is designed for places where numbers can be logically concentrated for the sake of efficiency. In other words, it is urban. However, it is also motivated by a believable desire to improve care and better meet the needs of individuals, particularly when these needs coalesce around one pathology, which it does often enough to make the approach worth understanding.

The challenge for small places, particularly those that may already be providing high quality comprehensive and very personal (if unexamined) care, is to manage all this measurement.

Good luck!